

CCC Early Detection and Screening Committee Meeting Minutes  
 Wednesday, May 24<sup>th</sup>, 2006  
 2:00-4:00 pm  
 Conference Call (602) 542-9002

Attendees: Dr. Charlton Willson, Jennifer Kjos, Virginia Warren, Heidi Behrens, MaryAnn Smythe, Catherine Ruff, Tracy Reardon, Sharon Gray, Dr. Richard Jones, Kathy Sponagle, Jennifer Lenz  
 Apologies: Margaret Hoeft, Lauren Tancona, Dr. Laura Tillman, Shannon Myers Dr. Peter Lance, Cynthia Claus, Wendy Satoyoshi

Agenda Items	Discussion	Follow-up Items
Welcome/Introductions	Committee members introduced themselves. Representation from Phoenix Indian Medical Center, the American Cancer Society, Yavapai Community Health Center, the Centers for Disease Control and Prevention, Melanoma International, AHCCCS and the Arizona Department of Health Services were present.	
Review of Meeting Minutes	Meeting minutes from 3/24/06 were reviewed. There were no recommended changes.	
U of A Evaluation Team logic modeling process	<p>J. Lenz reviewed the process the committee co-chairs went through with the U of A evaluation team to help the committee better prioritize and focus objectives. Root-cause areas supplied by the committee were used to help determine where to target committee efforts. To narrow down the focus further, 3 questions were asked that took into consideration, resources to change the condition, time to change the condition, and level of impact. The three prioritized conditions are as follows:</p> <ul style="list-style-type: none"> <li>• Adults are not educated about risk factors, myths, and misinformation surrounding cancer</li> <li>• Fear/emotional aspect of screening</li> <li>• Screenings are inconvenient, unaffordable, and inaccessible.</li> </ul> <p>The committee agreed to move forward with addressing these conditions.</p>	
Development of detailed strategies for prioritized conditions.	<p>Committee members were asked to develop specific written strategies to address the three conditions. Recommendations for population based interventions for breast, cervical, and colorectal cancer published by the Task Force on Community Preventive Services that were found to be effective were used as discussion took place.</p> <p>A suggestion to brainstorming current and potential means of communication, distribution, outreach and ways to educate the public took place. A listing is as follows:</p> <ul style="list-style-type: none"> <li>• Publications, fact sheets, flyers, posters</li> <li>• Web-sites</li> <li>• Mass media</li> <li>• Town hall meetings</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Healthfairs and “mature worker” job fairs</li> <li>• Women’s expos</li> <li>• Public Service Announcements</li> <li>• Newspaper ads</li> <li>• Commercials</li> <li>• TV affiliates - Channel 12/Buddy Check</li> <li>• Church Bulletins</li> <li>• Community lay educators</li> <li>• Parish nurses</li> <li>• Women’s organizations</li> <li>• Community health centers</li> <li>• Cancer survivors</li> <li>• Cancer Centers</li> <li>• Beauty salons</li> <li>• Grocery Stores</li> <li>• Other businesses</li> <li>• Public libraries</li> <li>• City Council meetings</li> </ul> <p>Discussion on how to choose an effective message and how to distribute the message took place. Ideas included using ACS as a resource, focusing the message on early detection, seeking out a local spokesperson or community survivor, development of a state-wide consistent message with varying implementation at the community level.</p> <p>Strategies suggested to address fear/emotional aspects, risk factors, myths etc., included mass media, education, and the use of 1:1 detailing using survivors, peers, physicians, and other local influential people. In addition, ideas to expand partners to include others such as Komen and insurance companies were added.</p> <p>Discussion on screenings being inconvenient, unaffordable and inaccessible yielded suggestions to find out what health plans are offering related to cancer screenings. Comments indicated that health plans may be covering screening at 100% for most products and some plans have given financial incentives for their members to get screenings. Questions whether catastrophic coverage plans and small and mid-size employer benefits include screening benefits. One strategy identified was to develop educational materials for purchasers of health care and include information on evaluating a plan for preventive screenings. The committee had some difficulty with strategies that would help increase access particularly in rural areas. A suggestion to continue to partner with rural health providers on</p>	<p>Tracy Readon agrees to bring back information on messaging and feedback from focus groups from ACS.</p> <p>Dr. Charlton Wilson agrees to communicate with the Steering Committee about the committee’s ideas on media and identify what resources are available on a larger coalition level.</p> <p>Dr. Richard Jones will inquire about premium pricing for preventive screening services for small/mid employers and inquire if catastrophic plans include screening.</p>
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	<p>collaborative efforts was identified. Other ideas for increased access were to utilize on-site mammography and to promote Saturday and extended hours.</p> <p>The committee reviewed actions as outlines in the follow-up section and action item log.</p>	<p>Jennifer Lenz will draft written strategies from committee input and sent to U of A evaluation team and committee for edits.</p>
Next Meeting Date	To be determine the week of 6/26	Jennifer Lenz will identify a date the week of 6/26 for next committee meeting.